PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/719,002			ing Date 20/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE	_	N/A	LD NO	N/A		N/A	TEE (a)	ł	N/A	TEE (8)
┢	(37 CFR 1.16(a), (b), s SEARCH FEE	or (c))	N/A						ł	<del></del>	
H	(37 CFR 1.16(k), (i), (ii)		N/A	_	N/A		N/A		l	N/A	
TO	(37 CFR 1.16(o), (p), (		N/A		N/A		N/A			N/A	
(37	CFR 1.16(i)) EPENDENT CLAIM	s	minus 20 = *			ı	x \$ =		OR	x s =	
(37	CFR 1.16(h))				ı	x \$ =		ı	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawings sheets of paper, the application is \$250 (\$125 for small entity) for additional 50 sheets or fraction to 35 U.S.C. 41(a)(1)(G) and 37 CF								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL	
	APPI	OED - PART II		OTHER THAN SMALL ENTITY OR SMALL ENTITY							
Н	CLAIMS			HIGHEST	(Column 3)	1 1				r	
AMENDMENT	11/12/2007	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 30	Minus	<b></b> 20	= 10		X \$25 =	250	OR	x \$ =	
z	Independent (37 CFR 1.16(h))	• 2	Minus	3	= 0		X \$105 =	0	OR	x s =	
Ā	Application Size Fee (37 CFR 1.16(a))										
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	250	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z.	Total (37 CFR 1,16())		Minus	••		l	x \$ =		OR	x \$ =	
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***		]	x \$ =		OR	x s =	
ä	Application Size Fee (37 CFR 1.16(s))								]		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
Γ	•								OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

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